FEC FORM 2 STATEMENT OF CANDIDACY

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10 OCT 22 PH 12: 10

FEC FORM 2 (REV. 02/2009)

1. (a) Name of Candidate (in full) LOYANNE BALTON CONLIN	A A A A A A A A A A A A A A A A A A A
(b) Address (number and street)	2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code DEG MOINES IN 50304	3. Is This New Statement (N) OR (A)
4. Party Affiliation 5. Office Sought 6. State & Distr	ict of Candidate
DEMOCRAT SENATE 10WA	· .
DESIGNATION OF PRINCIPAL CAMPAIGN	I COMMITTEE
7. I hereby designate the following named political committee as my Principal Campaign Comm	nittee for the 20/6 election(s).
NOTE: This designation should be filed with the appropriate office listed in the instructions.	
(a) Name of Committee (in full)	
ROXANNE CONCIN FOR SENKTE	
(b) Address (number and street)	
Po Box 876	•
(c) City, State, and ZIP Code	
DES MOINES, 1A 50304	
DESIGNATION OF OTHER AUTHORIZED	
DESIGNATION OF OTHER AUTHORIZED ((Including Joint Fundraising Representative)	
8. I hereby authorize the following named committee, which is NOT my principal campaign com	
candidacy.	The second and support united on Bondar of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
COMMITTEE FOR A BETTER FUTURE	
(b) Address (number and street)	
426 (34 NG	
(c) City, State, and ZIP Code	
WAGHING TOW, DC 20002	
I certify that I have examined this Statement and to the best of my knowledge ar	nd belief it is true, correct and complete.
Signature of Candidate	Date .
Maximus Domlan	10-15-10
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing	g this Statement to penalties of 2 U.S.C. §437g.
	

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